

HarborGuard GENERAL LIABILITY APPLICATION

1) **NAME(S) OF APPLICANT** _____

PRINCIPAL: _____

2) **MAILING ADDRESS** _____

Telephone: _____

Email: _____

3) **HOW LONG HAS THE APPLICANT BEEN IN THIS BUSINESS?** _____

4) **STREET ADDRESS OF FACILITY(IES)** _____

5) **NUMBER OF EMPLOYEES** _____

6) **ANNUAL GROSS RECEIPTS:** _____

7) **% BREAKDOWN OF SALES/REVENUES BY OPERATIONS:**

BOAT or ENGINE REPAIR _____ DETAILING and/or SHRINKWRAP _____

INSTALLER of ELECTRONICS and other AFTERMARKET EQUIP. _____

CHARTER and INSTRUCTION _____ DREDGING _____

SHIPSTORE/VENDOR/DISTRIBUTOR _____ BOAT BUILDING _____

YACHT SALES _____ DIVING _____

PASSENGER/EXCURSION _____

OTHER (Describe): _____

8) **IF DIVING IS PERFORMED PLEASE DESCRIBE**

9) **NON-MARINE ACTIVITIES - Please Describe:** N/A _____

10) IF YOUR OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, DISPOSING OF HAZARDOUS MATERIALS, PLEASE DESCRIBE? _____.

_____ N/A _____

11) ANY BLASTING OPERATIONS OR EXPLOSIVE STORAGE? _____ NO _____

12) ANY EXCAVATION, TUNNELING OR EARTH MOVING OPERATIONS? _____ NO _____

13) ANY BRIDGE WORK? _____ NO _____

14) DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS? NO _____

15) DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? BOATS FOR CHARTER, COVERED BY P&I _____

16) DOES APPLICANT LEASE ANY EMPLOYEES TO OR FROM OTHER EMPLOYERS? _____ NO _____

17) SUBCONTRACTORS:

TYPE OF WORK SUBCONTRACTED OUT BOAT REPAIR _____

PERCENTAGE SUBCONTRACTED OUT 10% _____

DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT'S? _____ NO _____

DOES APPLICANT REQUIRE CERTIFICATES OF GL/PRODUCTS AND WORKER'S COMPENSATION INSURANCE FROM ALL SUBCONTRACTORS? _____

18) ANY CONTRACTS EITHER LIMITING OR EXTENDING THE LIABILITIES IMPOSED BY LAW? IF SO, PLEASE DESCRIBE. NO

19) LOSS HISTORY – Do not leave blank, if there have been no claims please state that:

<u>YEAR</u>	<u>PAID LOSSES</u>	<u>OUTSTANDING LOSSES</u>
20__	<u>NO MGL LOSSES</u>	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____

USE ADDITIONAL SPACE TO DETAILS MAJOR LOSSES, UNUSUAL LOSSES, AND RECOVERIES.

20) CURRENT INSURANCE:

LIMIT OF LIABILITY \$1MM
PREMIUM _____
CARRIER _____
SPECIAL COVERAGES, EXTENSIONS, ETC. _____

21) EFFECTIVE DATE: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and will void coverage hereunder.

BROKER

ADDRESS

SIGNATURE OF APPLICANT

TITLE

DATE